



The City of  
**Colonial Heights, Virginia**

Facility ID: \_\_\_\_\_  
Location: \_\_\_\_\_  
GPS Coordinates: \_\_\_\_\_  
Inspector(s): \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Infiltration/Filtration/Bioretention Practice Maintenance Inspection Checklist**

Party Responsible for Maintenance: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Key Questions		
Item	X	Comments
1. Type of facility (check all that apply)		
a. Infiltration	<input type="checkbox"/>	
b. Filtration	<input type="checkbox"/>	
c. Bioretention	<input type="checkbox"/>	
d. Extended detention (storage for Cpv, Qp, Qf)	<input type="checkbox"/>	
2. Facility location		
a. Surface	<input type="checkbox"/>	
b. Underground	<input type="checkbox"/>	
3. Filtration Media		
a. No filtration media (e.g. dry well)	<input type="checkbox"/>	
b. Sand	<input type="checkbox"/>	
c. Bioretention soil	<input type="checkbox"/>	
d. Peat	<input type="checkbox"/>	
e. Other	<input type="checkbox"/>	
4. Hydraulic configuration		
a. On-line facility	<input type="checkbox"/>	
b. Off-line facility	<input type="checkbox"/>	
5. Type of pretreatment facility		
a. Sediment forebay (above ground)	<input type="checkbox"/>	
b. Sedimentation chamber	<input type="checkbox"/>	
c. Grass channel	<input type="checkbox"/>	
d. Grass filter strip	<input type="checkbox"/>	
e. Plunge pool	<input type="checkbox"/>	
f. Stone diaphragm	<input type="checkbox"/>	
g. Other	<input type="checkbox"/>	Type of pretreatment facility: _____

<b>A. Contributing Drainage Area</b>					
0 = Good condition. Well maintained, no action required.					
1 = Moderate condition. Adequately maintained, routine maintenance needed.					
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.					
3 = Serious condition. Immediate need for repair or replacement.					
<input type="checkbox"/>	Inspected				
<input type="checkbox"/>	Not Inspected				
	<b>Item</b>				<b>Comments</b>
1.	Excessive trash/debris	0	1	2	3 N/A
2.	Bare/exposed soil	0	1	2	3 N/A
3.	Evidence of erosion	0	1	2	3 N/A
4.	Excessive landscape waste/yard clippings	0	1	2	3 N/A

<b>B. Pretreatment</b>					
0 = Good condition. Well maintained, no action required.					
1 = Moderate condition. Adequately maintained, routine maintenance needed.					
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.					
3 = Serious condition. Immediate need for repair or replacement.					
<input type="checkbox"/>	Inspected				
<input type="checkbox"/>	Not Inspected				
	<b>Item</b>				<b>Comments</b>
1.	Maintenance access to pretreatment facility	0	1	2	3 N/A
2.	Excessive trash/debris/sediment	0	1	2	3 N/A
3.	Evidence of standing water	<input type="checkbox"/>			
	a. Ponding	<input type="checkbox"/>			
	b. Noticeable odors	<input type="checkbox"/>			
	c. Water stains	<input type="checkbox"/>			
	d. Presence of algae or floating aquatic vegetation	<input type="checkbox"/>			
4.	Evidence of clogging	0	1	2	3 N/A
5.	Dead vegetation/exposed soil	0	1	2	3 N/A
6.	Evidence of erosion	0	1	2	3 N/A

<b>C. Inlets</b>					
0 = Good condition. Well maintained, no action required.					
1 = Moderate condition. Adequately maintained, routine maintenance needed.					
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.					
3 = Serious condition. Immediate need for repair or replacement.					
<input type="checkbox"/>	Inspected				
<input type="checkbox"/>	Not Inspected				
	<b>Item</b>				<b>Comments</b>
1.	Inlets provide stable conveyance into facility	0	1	2	3 N/A
2.	Excessive trash/debris/sediment accumulation at inlet	0	1	2	3 N/A
3.	Evidence of erosion at/around inlet	0	1	2	3 N/A

D. Facility						
0 = Good condition. Well maintained, no action required.						
1 = Moderate condition. Adequately maintained, routine maintenance needed.						
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.						
3 = Serious condition. Immediate need for repair or replacement.						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
Item						Comments
1.	Maintenance access to facility	0	1	2	3	N/A
2.	Condition of structural components	0	1	2	3	N/A
3.	Condition of hydraulic control components	0	1	2	3	N/A
4.	Excessive trash/debris/sediment	0	1	2	3	N/A
5.	Evidence of erosion	0	1	2	3	N/A
6.	Evidence of oil/chemical accumulation	0	1	2	3	N/A
7.	Evidence of standing water:	<input type="checkbox"/>				
	a. Ponding	<input type="checkbox"/>				
	b. Noticeable odors	<input type="checkbox"/>				
	c. Water stains	<input type="checkbox"/>				
	d. Presence of algae or floating aquatic vegetation	<input type="checkbox"/>				
8.	Underdrain system (if equipped)	0	1	2	3	N/A
	a. Broken	<input type="checkbox"/>				
	b. Clogged	<input type="checkbox"/>				
9.	Vegetation	0	1	2	3	N/A
	a. Plant composition consistent with approved plans	0	1	2	3	N/A
	b. Presence of invasive species/weeds	0	1	2	3	N/A
	c. Dead vegetation/exposed soil	0	1	2	3	N/A

E. Outlets						
0 = Good condition. Well maintained, no action required.						
1 = Moderate condition. Adequately maintained, routine maintenance needed.						
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.						
3 = Serious condition. Immediate need for repair or replacement.						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
Item						Comments
1.	Outlets provide stable conveyance out of facility	0	1	2	3	N/A
2.	Excessive trash/debris/sediment accumulation at inlet	0	1	2	3	N/A
3.	Evidence of erosion at/around inlet	0	1	2	3	N/A

F. Miscellaneous						
0 = Good condition. Well maintained, no action required.						
1 = Moderate condition. Adequately maintained, routine maintenance needed.						
2 = Degraded condition. Poorly maintained, routine maintenance and repair needed.						
3 = Serious condition. Immediate need for repair or replacement.						
<input type="checkbox"/>	Inspected					
<input type="checkbox"/>	Not Inspected					
Item						Comments
1.	Complaints from local residents	0	1	2	3	N/A
2.	Mosquito proliferation	0	1	2	3	N/A
3.	Encroachment on facility or easement by buildings or other structures	0	1	2	3	N/A

<i>Inspector's Summary:</i>

Photographs	
Photo ID	Description
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

<i>Sketch of Facility</i> (note problem areas)